



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

January 23, 2009

Karen Stockton
Director
Modoc County Mental Health Services
P.O. Box 2619
Mammoth Lake, CA 93546

Dear Ms. Stockton:

AUDIT REPORT – MODOC COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Modoc County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

| | <u>Net Program Costs</u> | | |
|--|--------------------------|----------------|-------------------|
| | <u>Settled</u> | <u>Allowed</u> | <u>Adjustment</u> |
| Federal Share of Short-Doyle/Medi-Cal | \$ 307,186 | \$ 306,198 | \$ (988) |
| Federal Share of Healthy Families | \$ 0 | \$ 0 | \$ (0) |
| State General Funds EPSDT Due State | \$ 36,306 | \$ 35,738 | \$ (568) |

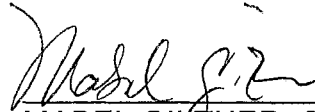
Karen Stockton, Director
January 23, 2009
Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,



for WALTER J. HILL, JR., MBA, EA
Chief of Audits



MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004

| | | As Settled | Audit Adjustments | As Audited |
|---|-----------|------------|----------------------|------------|
| <u>NET REIMBURSABLE MEDI-CAL</u> | | | | |
| <u>PROGRAM COSTS</u> | | | | |
| <u>COUNTY PROVIDERS</u> | | | | |
| MEDI-CAL - FFP | (Sch. 2a) | \$ 307,186 | \$ (988) | \$ 306,198 |
| HEALTHY FAMILIES - FFP | (Sch. 2a) | 0 | 0 | 0 |
| TOTAL FFP - COUNTY PROVIDERS | | \$ 307,186 | \$ (988) | \$ 306,198 |
| <u>CONTRACT PROVIDERS</u> | | | | |
| MEDI-CAL - FFP | | \$ 0 | \$ 0 | \$ 0 |
| HEALTHY FAMILIES - FFP | | 0 | 0 | 0 |
| TOTAL FFP - COUNTY PROVIDERS | | \$ 0 | \$ 0 | \$ 0 |
| <u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u> | | | | |
| MEDI-CAL - FFP | | \$ 307,186 | \$ (988) | \$ 306,198 |
| HEALTHY FAMILIES - FFP | | 0 | 0 | 0 |
| TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS | | \$ 307,186 | \$ (988) | \$ 306,198 |
| <u>SUMMARY OF STATE GENERAL FUNDS</u> | | | | |
| EPSDT - SGF | (Sch. 4) | \$ 36,306 | \$ (568) | \$ 35,738 |

SCHEDULE 2

**MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

| | | <u>As Settled</u> | <u>Audit Adjustments</u> | <u>As Audited</u> |
|---|-----------------------|-------------------|------------------------------|-------------------|
| Total Medi-Cal Gross Reimbursement | | | | |
| 1. Inpatient SD/MC and Crossover | (MH 1968, Ln 11, 11A) | \$ 0 | \$ 0 | \$ 0 |
| 2. Outpatient SD/MC and Crossover | (MH 1968, Ln 11, 11A) | 445,462 | (5,635) | 439,827 |
| 3. Enhanced SD/MC (Children) - I/P | (MH1968, Ln 16, 16A) | 0 | 0 | 0 |
| 4. Enhanced SD/MC (Children) - O/P | (MH1968, Ln 16, 16A) | 0 | 0 | 0 |
| 5. Enhanced SD/MC (Refugees) - I/P | (MH1968, Ln 22) | 0 | 0 | 0 |
| 6. Enhanced SD/MC (Refugees) - O/P | (MH1968, Ln 22) | 0 | 0 | 0 |
| 7. Healthy Families Gross Reimbursement-I/P | (MH1968, Ln 27, 27A) | 0 | 0 | 0 |
| 8. Healthy Families Gross Reimbursement-O/P | (MH1968, Ln 27, 27A) | 0 | 0 | 0 |
| 9. Total | | <u>\$ 445,462</u> | <u>\$ (5,635)</u> | <u>\$ 439,827</u> |

Less: Patient & Other Payor Revenues

| | | | | |
|--|-----------------------|---------------|-------------|---------------|
| 10. Inpatient SD/MC and Crossover | (MH 1968, Ln 28, 28A) | \$ 0 | \$ 0 | \$ 0 |
| 11. Outpatient SD/MC and Crossover | (MH 1968, Ln 28, 28A) | 958 | 0 | 958 |
| 12. Enhanced SD/MC (Children)-I/P | (MH 1968, Ln 29) | 0 | 0 | 0 |
| 13. Enhanced SD/MC (Children)-O/P | (MH 1968, Ln 29) | 0 | 0 | 0 |
| 14. Enhanced SD/MC (Refugees) - I/P | (MH1968, Ln 30) | 0 | 0 | 0 |
| 15. Enhanced SD/MC (Refugees) - O/P | (MH1968, Ln 30) | 0 | 0 | 0 |
| 16. Healthy Families Patient Revenue-I/P | (MH 1968, Ln 31) | 0 | 0 | 0 |
| 17. Healthy Families Patient Revenue-O/P | (MH 1968, Ln 31) | 0 | 0 | 0 |
| 18. Total | | <u>\$ 958</u> | <u>\$ 0</u> | <u>\$ 958</u> |

Medi-Cal Net Reimbursement for Direct Services

| | | | | |
|---|---------------------|-------------------|-------------------|-------------------|
| 19. Inpatient SD/MC (Incl Children Enhanced) | (Ln 1,3 - Ln 10,12) | \$ 0 | \$ 0 | \$ 0 |
| 20. Outpatient SD/MC (Incl Children Enhanced) | (Ln 2,4 - Ln 11,13) | 444,504 | (5,635) | 438,869 |
| 21. Enhanced SD/MC (Refugees)-I/P | (Ln 5 - Ln 14) | 0 | 0 | 0 |
| 22. Enhanced SD/MC (Refugees)-O/P | (Ln 6 - Ln 15) | 0 | 0 | 0 |
| 23. Healthy Families-I/P | (Ln 7 - Ln 16) | 0 | 0 | 0 |
| 24. Healthy Families-O/P | (Ln 8 - Ln 17) | 0 | 0 | 0 |
| 25. Total | | <u>\$ 444,504</u> | <u>\$ (5,635)</u> | <u>\$ 438,869</u> |

Medi-Cal MAA Reimbursement

| | | | | |
|------------------------------------|-------------------------|-------------|-------------|-------------|
| 26. Service Functions 01-09 | (MH1979, Ln 11, Col. A) | \$ 0 | \$ 0 | \$ 0 |
| 27. Service Functions 11-19, 31-39 | (MH1979, Ln 12, Col. A) | 0 | 0 | 0 |
| 28. Service Functions 21-19 | (MH1979, Ln 13, Col. A) | 0 | 0 | 0 |
| 29. Total | | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> |

SCHEDULE 2a

MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

| | | Audit | | |
|---|-----------------------|-------------|-------------|-------------|
| | | As Settled | Adjustments | As Audited |
| <u>Amount Negotiated Rates Exceed Cost</u> | | | | |
| 30. Inpatient SD/MC (Incl Children Enhan) | (MH 1968, Ln 38, 38A) | \$ 0 | \$ 0 | \$ 0 |
| 31. Outpatient SD/MC (Incl Children Enhan) | (MH 1968, Ln 38, 38A) | 0 | 0 | 0 |
| 32. Enhanced SD/MC (Refugees)-I/P | (MH1968, Ln 39) | 0 | 0 | 0 |
| 33. Enhanced SD/MC (Refugees)-O/P | (MH1968, Ln 39) | 0 | 0 | 0 |
| 34. Healthy Families-I/P | (MH 1968, Ln 40, 40A) | 0 | 0 | 0 |
| 35. Healthy Families-O/P | (MH 1968, Ln 40, 40A) | 0 | 0 | 0 |
| 36. Total | | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> |

Medi-Cal Administrative Reimbursement

| | | | | |
|--|-------------------------|------------------|-----------------|------------------|
| 37. Administrative Reimbursement Limit | (MH 1979, Ln 4) | \$ 68,349 | \$ (845) | \$ 67,504 |
| 38. Medi-Cal Administration | (MH 1979, Ln 5) | \$ 83,507 | \$ (3,359) | \$ 80,148 |
| 39. Medi-Cal Reimbursement | (Lower of Ln 37, Ln 38) | <u>\$ 68,349</u> | <u>\$ (845)</u> | <u>\$ 67,504</u> |

Healthy Families Administrative Reimbursement

| | | | | |
|---|-------------------------|-------------|-------------|-------------|
| 40. Healthy Families Administrative Reimbursement Limit | (MH1979, Ln 8) | \$ 0 | \$ 0 | \$ 0 |
| 41. Healthy Families Administration | (MH1979, Ln 9) | \$ 0 | \$ 0 | \$ 0 |
| 42. Healthy Families Administrative Reimbursement | (Lower of Ln 40, Ln 41) | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> |

Utilization Review Reimbursement

| | | | | |
|--------------------------|-------------------------|------------------|-----------------|------------------|
| 43. Skilled Professional | (MH1979, Ln 14, Col. D) | \$ 19,158 | \$ 1,286 | \$ 20,444 |
| 44. Other Medi-Cal U.R. | (MH1979, Ln 15, Col. D) | <u>\$ 43,376</u> | <u>\$ 2,910</u> | <u>\$ 46,286</u> |

Net SD/MC Reimbursement - FFP

| | | | | |
|----------------------------------|---------------------------|-------------------|-----------------|-------------------|
| 45. Direct Services | (MH1979, Ln 16,16A) | \$ 236,954 | \$ (2,984) | \$ 233,970 |
| 46. Enhanced (Children) | (MH1979, Ln 17,17A) | 0 | 0 | 0 |
| 47. Enhanced (Refugees) | (MH1979, Ln 18) | 0 | 0 | 0 |
| 48. MAA | (MH 1979, Ln 11, 12 & 13) | 0 | 0 | 0 |
| 49. Administrative Reimbursement | (MH1979, Ln 6) | 34,175 | (423) | 33,752 |
| 50. U.R. Skilled Professional | (MH1979, Ln 14) | 14,369 | 964 | 15,333 |
| 51. U.R. Other | (MH1979, Ln 15) | 21,688 | 1,455 | 23,143 |
| 52. Negotiated Rate-Payback | (MH1979, Ln 20) | 0 | 0 | 0 |
| 53. Subtotal- FFP | | <u>\$ 307,186</u> | <u>\$ (988)</u> | <u>\$ 306,198</u> |

| | | | | |
|--------------------------------------|------------------|------|------|------|
| 54. Contract Limitation Adjustment | (MH 1979, Ln 22) | \$ 0 | \$ 0 | \$ 0 |
| 55. Quality Assurance Review Results | (Adj #) | 0 | 0 | 0 |

| | | | | |
|-------------------------------------|--|-------------------|-----------------|-------------------|
| 56. Total SD/MC Reimbursement - FFP | | <u>\$ 307,186</u> | <u>\$ (988)</u> | <u>\$ 306,198</u> |
|-------------------------------------|--|-------------------|-----------------|-------------------|

Net Healthy Families Reimbursement - FFP

| | | | | |
|--|---------------------|-------------|-------------|-------------|
| 57. Healthy Families Net Reimbursement | (MH1979, Ln 24,24A) | \$ 0 | \$ 0 | \$ 0 |
| 58. Negotiated Rate Exceed Costs | (MH1979, Ln 26) | 0 | 0 | 0 |
| 59. Administrative Reimbursement | (MH1979, Ln 10) | 0 | 0 | 0 |
| 60. Total Healthy Families Reimbursement - FFP | | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> |

| | | | | |
|---------------------------------|--|-------------------|-----------------|-------------------|
| 61. Total - FFP (Ln 56 + Ln 60) | | <u>\$ 307,186</u> | <u>\$ (988)</u> | <u>\$ 306,198</u> |
|---------------------------------|--|-------------------|-----------------|-------------------|

(To Sch. 1)

SCHEDULE 4

**MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004**

| | <u>As Settled</u> | <u>Audit Adjustments</u> | <u>As Audited</u> |
|--|-------------------|------------------------------|-------------------|
| (1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors) | 444,504 | (5,635) | 438,869 |
| (2) Total SD/MC Claims | 433,734 | 0 | 433,734 |
| (3) Percent % (Line 1/Line 2) | 102.48% | -1.30% | 101.18% |
| (4) EPSDT Claims | 93,712 | 0 | 93,712 |
| (5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4) | 96,036 | (1,215) | 94,821 |
| (6) Cost Settled Baseline for EPSDT | 18,294 | 0 | 18,294 |
| (7) Net Cost Settlement Amount (Line 5 - Line 6) | 77,742 | (1,215) | 76,527 |
| (8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%) | 36,306 | (568) | 35,738 |
| (8a) FY 2001-02 EPSDT Settlement | 96,868 | 0 | 96,868 |
| (8b) Annual Local Growth (L. 8 - 8a) | 0 | 0 | 0 |
| (9) County Match 10% of Local Growth (8b x 10%) | 0 | 0 | 0 |
| (10) Net Cost Settlement Amount (L. 8 - 9) | 36,306 | (568) | 35,738 |
| (11) SGF Distribution (Settled and Audited) | 36,306 | 0 | 36,306 |
| (12) SGF Due County (State) | <u>(0)</u> | <u>(568)</u> | <u>(568)</u> |
| | | | (To Sch. 1) |

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (11) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

| Provider MODOC COUNTY | | | | Provider Number 00025 | No. of Adj. 20 | Fiscal Period Ended June 30, 2004 | |
|--------------------------|---------------|------|------|---|-------------------|--------------------------------------|----------------|
| Report Reference | | | | EXPLANATION OF AUDIT ADJUSTMENTS | As Reported | Increase (Decrease) | As Adjusted |
| Adj. No. | Form/ Sch. | Line | Col. | | | | |
| | | | | <u>ADJUSTMENTS TO REPORTED COSTS</u> | | | |
| 1 | MH 1960 | 8 | C | ALLOWABLE COSTS FOR ALLOCATION To adjust the A-87 COWCAP costs to agree with the formally approved plan dated September 19, 2003. | \$ 1,041,200 | \$ (1,323) | \$ 1,039,877 |
| 2 | MH 1960 | 9 | C | SD/MC ADMINISTRATION | \$ 83,507 | \$ (83,507) | \$ - |
| 3 | MH 1960 | 11 | C | NON-SD/MC ADMINISTRATION | \$ 66,528 | \$ (66,528) | \$ - |
| 4 | MH 1960 | 12 | C | TOTAL ADMINISTRATIVE COSTS To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs below. | \$ 150,035 | | \$ 150,035 * |
| 5 | MH 1960 | 12 | C | TOTAL ADMINISTRATIVE COSTS To adjust administrative costs in conjunction with Adjustment 1. | ** \$ 150,035 | \$ (1,323) | \$ 148,712 * |
| 6 | MH 1960 | 12 | C | TOTAL ADMINISTRATIVE COSTS | ** \$ 148,712 | \$ (6,792) | \$ 141,920 * |
| 7 | MH 1960 | 17 | C | RESEARCH AND EVALUATION To reclassify Research and Evaluation costs reported as Administrative costs. | \$ - | \$ 6,792 | \$ 6,792 |
| 8 | MH 1960 | 9 | C | SD/MC ADMINISTRATION | ** \$ - | \$ 80,148 | \$ 80,148 |
| 9 | MH 1960 | 11 | C | NON-SD/MC ADMINISTRATION | ** \$ - | \$ 61,772 | \$ 61,772 |
| | MH 1960 | 12 | C | TOTAL ADMINISTRATIVE COSTS To allocate Total Administrative Costs between SD/MC and Non SD/MC based on the audited gross cost method percentages of 56.474% and 43.526%, respectively. | ** \$ 141,920 | | \$ 141,920 |
| 10 | MH 1960 | 13 | C | SKILLED PROFESSIONAL MEDICAL PERSONNEL | \$ 19,158 | \$ 1,286 | \$ 20,444 |
| 11 | MH 1960 | 14 | C | OTHER SD/MC UTILIZATION REVIEW | \$ 43,376 | \$ 2,910 | \$ 46,286 |
| 12 | MH 1960 | 15 | C | NON-SD/MC UTILIZATION REVIEW | \$ 49,820 | \$ (4,196) | \$ 45,624 |
| | MH 1960 | 16 | C | TOTAL UTILIZATION REVIEW COSTS To reallocate Utilization Review cost based on the audited gross cost method percentages of 59.3928% for SD/MC and 40.6072% for Non-SD/MC. | \$ 112,354 | | \$ 112,354 |
| | | | | * Balance carried forward to subsequent adjustment. | | | |
| | | | | ** Balance brought forward from prior adjustment. | | | |

AUDIT ADJUSTMENTS

| Provider MODOC COUNTY | | | | Provider Number 00025 | No. of Adj. 20 | Fiscal Period Ended June 30, 2004 | |
|--------------------------|---------------|------|-------|--|-------------------|--------------------------------------|----------------|
| Report Reference | | | | EXPLANATION OF AUDIT ADJUSTMENTS | As Reported | Increase (Decrease) | As Adjusted |
| Adj. No. | Form/ Sch. | Line | Col. | | | | |
| | | | | <u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDER-PROGRAMS 1 & 2</u> | | | |
| 13 | MH 1966 | 8 | Total | MEDI-CAL UNITS -07/01/03 to 09/30/03 | 47,998 | 0 | 47,998 * |
| 14 | MH 1966 | 8A | Total | MEDI-CAL UNITS - 10/03/03 to 06/30/04 | 140,558 | (2,545) | 138,013 * |
| | | | | TOTAL | 188,556 | (2,545) | 186,011 * |
| | | | | To adjust the as settled (MH 1966) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims report dated July 17, 2008. (Net Disallowed Claims of 2,545 units). | | | |
| 15 | MH 1966 | 8 | Total | MEDI-CAL UNITS - 07/01/03 to 09/30/03 | ** 47,998 | 0 | 47,998 * |
| 16 | MH 1966 | 8A | Total | MEDI-CAL UNITS - 10/01/03 to 06/30/04 | ** 138,703 | 2,545 | 140,558 * |
| | | | | TOTAL | ** 186,701 | 2,545 | 188,556 * |
| | | | | To adjust the State DMH approved SD/MC units to the County's records. | | | |
| 17 | MH 1966 | 8 | Total | MEDI-CAL UNITS - 07/01/03 to 09/30/03 | ** 47,998 | 0 | 47,998 |
| 18 | MH 1966 | 8A | Total | MEDI-CAL UNITS - 10/01/03 to 06/30/04 | ** 140,558 | (2,545) | 138,013 |
| | | | | TOTAL | ** 188,556 | (2,545) | 186,011 |
| | | | | To adjust the County records to account for the units of service/time that the County adjusted out when utilizing the Disallowed Claims System (DCS). These units of service/time were excluded in the State DMH Summary of Approved Claims Report but remained in the County's records. | | | |
| | | | | * Balance carried forward to subsequent adjustment. | | | |
| | | | | ** Balance brought forward from prior adjustment. | | | |

AUDIT ADJUSTMENTS

| Provider MODOC COUNTY | | | | Provider Number 00025 | No. of Adj. 20 | Fiscal Period Ended June 30, 2004 | |
|--------------------------|---------------|------|------|--|-------------------|--------------------------------------|----------------|
| Report Reference | | | | EXPLANATION OF AUDIT ADJUSTMENTS | As Reported | Increase (Decrease) | As Adjusted |
| Adj. No. | Form/ Sch. | Line | Col. | | | | |
| 19 | MH 1979 | 21 | J | <p><u>ADJUSTMENT TO REPORTED SD/MC SETTLEMENT</u></p> <p>TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY</p> <p>To adjust Total SD/MC Reimbursement (FFP) due to adjustments to reported costs and units.</p> | \$ 307,186 | \$ (988) | \$ 306,198 |
| 20 | Sch. 4 | 8 | 3 | <p><u>ADJUSTMENT TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT</u></p> <p>TOTAL EPSDT SGF</p> <p>To adjust the final EPSDT settlement as a result of adjusted to audited Medi-Cal cost.</p> | \$ 36,306 | \$ (568) | \$ 35,738 |
| | | | | <p>* Balance carried forward to subsequent adjustment.</p> <p>** Balance brought forward from prior adjustment.</p> | | | |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
County Code: 25

| Legal Entity: MODOC COUNTY | | A | B | C |
|----------------------------|--|--------------------------|-----------|----------------|
| Legal Entity Number: 00025 | | Salaries and Benefits | Other | Total Costs |
| 1 | Mental Health Expenditures | 707,426 | 583,828 | 1,291,254 |
| 2 | Encumbrances | | | |
| 3 | Less: Payments to Contract Providers (County Only) | | (159,291) | (159,291) |
| 4 | Other Adjustments from MH 1962 | | (124,913) | (124,913) |
| 5 | Total Costs Before Medi-Cal Adjustments | 707,426 | 299,624 | 1,007,050 |
| 6 | Medi-Cal Adjustments from MH 1961 | | 32,827 | 32,827 |
| 7 | Managed Care Consolidation (County Only) | | | |
| 8 | Allowable Costs for Allocation | | | 1,039,877 |
| | Administrative Costs (County Only) | | | |
| 9 | SD/MC Administration | | | 80,148 |
| 10 | Healthy Families Administration | | | |
| 11 | Non-SD/MC Administration | | | 61,772 |
| 12 | Total Administrative Costs | | | 141,920 |
| | Utilization Review Costs (County Only) | | | |
| 13 | Skilled Professional Medical Personnel | | | 20,444 |
| 14 | Other SD/MC Utilization Review | | | 46,286 |
| 15 | Non-SD/MC Utilization Review | | | 45,624 |
| 16 | Total Utilization Review Costs | | | 112,354 |
| 17 | Research and Evaluation (County Only) | | | 6,792 |
| 18 | Mode Costs (Direct Service and MAA) | | | 778,811 |
| 19 | Total Costs - Lines 9 through 18 | | | 1,039,877 |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
County Code: 25

| Legal Entity: MODOC COUNTY | | A | B | C |
|----------------------------|--------------------------------|--------------------------|---------|----------------------|
| Legal Entity Number: 00025 | | Salaries and Benefits | Other | Total Adjustments |
| 1 | Depreciation | | 34,150 | 34,150 |
| 2 | Adjustment to A-87 COWCAP Cost | | (1,323) | (1,323) |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
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| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | Total Adjustments | | 32,827 | 32,827 |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
OTHER ADJUSTMENTS
MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
 County Code: 25

| Legal Entity: MODOC COUNTY | | A | B | C |
|----------------------------|--------------------------|--------------------------|-----------|----------------------|
| Legal Entity Number: 00025 | | Salaries and Benefits | Other | Total Adjustments |
| 1 | Equipment | | (3,938) | (3,938) |
| 2 | County Overhead | | (7,175) | (7,175) |
| 3 | Support Care | | (22,050) | (22,050) |
| 4 | Special Department | | (41,019) | (41,019) |
| 5 | Managed Care Offsets | | (50,731) | (50,731) |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | Total Adjustments | | (124,913) | (124,913) |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
County Code: 25

| Legal Entity: MODOC COUNTY | | A |
|----------------------------|---|----------------|
| Legal Entity Number: 00025 | | Total Costs |
| 1 | Mode Costs (Direct Service and MAA) from MH 1960 | 778,811 |
| | Modes | |
| 2 | Hospital Inpatient Services (Mode 05-SFC 10-19) | |
| 3 | Other 24 Hour Services (Mode 05-All Other SFC) | |
| 4 | Day Services (Mode 10) | |
| 5 | Outpatient Services (Mode 15 Program 1 + Program 2) | 740,538 |
| 6 | Outreach Services (Mode 45) | 33,573 |
| 7 | Medi-Cal Administrative Activities (Mode 55) | |
| 8 | Support Services (Mode 60) | 4,700 |
| 9 | Total - Lines 2 through 8 | 778,811 |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
County Code: 25

| County Code: 25 | | | CR | | CR | | CR | | CR | | CR | |
|-----------------------------------|---|--|---------------------|---------------------|----------|----------|----------|----------|----------|--------|----|--|
| Legal Entity: MODOC COUNTY | | | A | B | C | D | E | F | G | | | |
| Legal Entity Number: 00025 | | | Mode Total | Service | Service | Service | Service | Service | Service | | | |
| Mode: 15 - Outpatient (Program 1) | | | | Function | Function | Function | Function | Function | Function | | | |
| | | | | 01 | 10 | 30 | 40 | 60 | 70 | | | |
| 1 | Allocation Percentage | | 100.00% | 1.37% | 1.00% | 0.31% | 59.44% | 17.87% | 5.27% | | | |
| 2 | Total Units | | | 6,370 | 3,485 | 1,075 | 207,868 | 34,206 | 12,395 | | | |
| 3 | Gross Cost | | 736,488 | 10,126 | 7,340 | 2,264 | 437,775 | 131,609 | 38,780 | | | |
| 4 | Cost per Unit | | | 1.59 | 2.11 | 2.11 | 2.11 | 3.85 | 3.13 | | | |
| 5 | SMA per Unit | | | 1.83 | 2.36 | 2.36 | 2.36 | 4.37 | 3.52 | | | |
| 6 | Published Charge per Unit | | | 1.83 | 2.12 | 2.12 | 2.12 | 3.95 | 3.18 | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | | | | |
| 8 | | | | 435 | 460 | | 38,598 | 6,270 | 2,235 | | | |
| 8A | Medi-Cal Units | | 07/01/03 - 09/30/03 | 10/01/03 - 06/30/04 | | | 560 | 110,194 | 18,354 | 4,215 | | |
| 9 | Medicare/Medi-Cal Crossover Units | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 9A | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 10 | Enhanced SD/MC (Children) Units | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 10A | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 11 | Healthy Families (SED) Units | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 11A | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 12 | Non-Medi-Cal Units | | | 3,665 | 605 | 515 | 59,076 | 9,582 | 5,945 | | | |
| 13 | | | | | | | | | | | | |
| 13A | Medi-Cal Costs | | 07/01/03 - 09/30/03 | 114,065 | 691 | 969 | | 81,288 | 24,124 | 6,993 | | |
| 14 | | | 10/01/03 - 06/30/04 | 325,761 | 3,608 | 5,097 | 1,179 | 232,071 | 70,618 | 13,187 | | |
| 14A | Medi-Cal SMA Upper Limits | | 07/01/03 - 09/30/03 | 128,240 | 796 | 1,086 | | 91,091 | 27,400 | 7,867 | | |
| 15 | | | 10/01/03 - 06/30/04 | 366,289 | 4,154 | 5,711 | 1,322 | 260,058 | 80,207 | 14,837 | | |
| 15A | Medi-Cal Published Charges | | 07/01/03 - 09/30/03 | 115,473 | 796 | 975 | | 81,828 | 24,767 | 7,107 | | |
| 16 | | | 10/01/03 - 06/30/04 | 329,985 | 4,154 | 5,130 | 1,187 | 233,611 | 72,498 | 13,404 | | |
| 16A | Medi-Cal Negotiated Rates | | 07/01/03 - 09/30/03 | | | | | | | | | |
| | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 17A | Medicare/Medi-Cal Crossover Costs | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 18 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 18A | Medicare/Medi-Cal Crossover SMA Upper Limits | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 19 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 19A | Medicare/Medi-Cal Crossover Published Charges | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 20 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 20A | Medicare/Medi-Cal Crossover Negotiated Rates | | 07/01/03 - 09/30/03 | | | | | | | | | |
| | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 21A | Enhanced SD/MC Costs | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 22 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 22A | Enhanced SD/MC SMA Upper Limits | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 23 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 23A | Enhanced SD/MC Published Charges | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 24 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 24A | Enhanced SD/MC Negotiated Rates | | 07/01/03 - 09/30/03 | | | | | | | | | |
| | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) Costs | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 27 | | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) SMA Upper Limits | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 29 | | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 29A | Enhanced SD/MC (Refugees) Published Charges | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 30 | | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 30A | Enhanced SD/MC (Refugees) Negotiated Rates | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 31 | | | 07/01/03 - 06/30/04 | | | | | | | | | |
| 31A | Healthy Families Costs | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 32 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 32A | Healthy Families SMA Upper Limits | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 33 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 33A | Healthy Families Published Charges | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 34 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 34A | Healthy Families Negotiated Rates | | 07/01/03 - 09/30/03 | | | | | | | | | |
| 35 | | | 10/01/03 - 06/30/04 | | | | | | | | | |
| 35A | Non-Medi-Cal Costs | | | 296,661 | 5,826 | 1,274 | 1,085 | 124,415 | 36,867 | 18,600 | | |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
County Code: 25

CAW CAW CAW

| Legal Entity: MODOC COUNTY | | | H | I | J | K | L | M | N |
|-----------------------------------|---|---------------------|----------|----------|----------|----------|----------|----------|----------|
| Legal Entity Number: 00025 | | | Service | Service | Service | Service | Service | Service | Service |
| Mode: 15 - Outpatient (Program 1) | | | Function | Function | Function | Function | Function | Function | Function |
| | | | 40 | 60 | 70 | | | | |
| 1 | Allocation Percentage | | 14.30% | 0.36% | 0.09% | | | | |
| 2 | Total Units | | 50,017 | 680 | 205 | | | | |
| 3 | Gross Cost | | 105,337 | 2,616 | 641 | | | | |
| 4 | Cost per Unit | | 2.11 | 3.85 | 3.13 | | | | |
| 5 | SMA per Unit | | 2.36 | 4.37 | 3.52 | | | | |
| 6 | Published Charge per Unit | | 2.12 | 3.95 | 3.18 | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/03 - 09/30/03 | | | | | | | |
| 8A | | 10/01/03 - 06/30/04 | | | | | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/03 - 09/30/03 | | | | | | | |
| 9A | | 10/01/03 - 06/30/04 | | | | | | | |
| 10 | Enhanced SD/MC (Children) Units | 07/01/03 - 09/30/03 | | | | | | | |
| 10A | | 10/01/03 - 06/30/04 | | | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/03 - 06/30/04 | | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/03 - 09/30/03 | | | | | | | |
| 11A | | 10/01/03 - 06/30/04 | | | | | | | |
| 12 | Non-Medi-Cal Units | | 50,017 | 680 | 205 | | | | |
| 13 | Medi-Cal Costs | 07/01/03 - 09/30/03 | | | | | | | |
| 13A | | 10/01/03 - 06/30/04 | | | | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/03 - 09/30/03 | | | | | | | |
| 14A | | 10/01/03 - 06/30/04 | | | | | | | |
| 15 | Medi-Cal Published Charges | 07/01/03 - 09/30/03 | | | | | | | |
| 15A | | 10/01/03 - 06/30/04 | | | | | | | |
| 16 | Medi-Cal Negotiated Rates | 07/01/03 - 09/30/03 | | | | | | | |
| 16A | | 10/01/03 - 06/30/04 | | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/03 - 09/30/03 | | | | | | | |
| 17A | | 10/01/03 - 06/30/04 | | | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/03 - 09/30/03 | | | | | | | |
| 18A | | 10/01/03 - 06/30/04 | | | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/03 - 09/30/03 | | | | | | | |
| 19A | | 10/01/03 - 06/30/04 | | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/03 - 09/30/03 | | | | | | | |
| 20A | | 10/01/03 - 06/30/04 | | | | | | | |
| 21 | Enhanced SD/MC Costs | 07/01/03 - 09/30/03 | | | | | | | |
| 21A | | 10/01/03 - 06/30/04 | | | | | | | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/03 - 09/30/03 | | | | | | | |
| 22A | | 10/01/03 - 06/30/04 | | | | | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/03 - 09/30/03 | | | | | | | |
| 23A | | 10/01/03 - 06/30/04 | | | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/03 - 09/30/03 | | | | | | | |
| 24A | | 10/01/03 - 06/30/04 | | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/03 - 06/30/04 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/03 - 06/30/04 | | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/03 - 06/30/04 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/03 - 06/30/04 | | | | | | | |
| 29 | Healthy Families Costs | 07/01/03 - 09/30/03 | | | | | | | |
| 29A | | 10/01/03 - 06/30/04 | | | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/03 - 09/30/03 | | | | | | | |
| 30A | | 10/01/03 - 06/30/04 | | | | | | | |
| 31 | Healthy Families Published Charges | 07/01/03 - 09/30/03 | | | | | | | |
| 31A | | 10/01/03 - 06/30/04 | | | | | | | |
| 32 | Healthy Families Negotiated Rates | 07/01/03 - 09/30/03 | | | | | | | |
| 32A | | 10/01/03 - 06/30/04 | | | | | | | |
| 33 | Non-Medi-Cal Costs | | 105,337 | 2,616 | 641 | | | | |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

PAGE 1 OF 1

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
County Code: 25

| Legal Entity: MODOC COUNTY | | A | B | C | D | E | F | G |
|-----------------------------------|---|---------------------|----------|----------|----------|----------|----------|----------|
| Legal Entity Number: 00025 | | | Service | Service | Service | Service | Service | Service |
| Mode: 15 - Outpatient (Program 2) | | Mode Total | Function | Function | Function | Function | Function | Function |
| | | | 32 | 33 | | | | |
| 1 | Allocation Percentage | 100.00% | 37.04% | 62.96% | | | | |
| 2 | Total Units | | 900 | 1,275 | | | | |
| 3 | Gross Cost | 4,050 | 1,500 | 2,550 | | | | |
| 4 | Cost per Unit | | 1.67 | 2.00 | | | | |
| 5 | SMA per Unit | | 2.36 | 2.36 | | | | |
| 6 | Published Charge per Unit | | | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | |
| 8 | Medi-Cal Units | 07/01/03 - 09/30/03 | | | | | | |
| 8A | | 10/01/03 - 06/30/04 | | | | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/03 - 09/30/03 | | | | | | |
| 9A | | 10/01/03 - 06/30/04 | | | | | | |
| 10 | Enhanced SD/MC Units | 07/01/03 - 09/30/03 | | | | | | |
| 10A | | 10/01/03 - 06/30/04 | | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/03 - 06/30/04 | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/03 - 09/30/03 | | | | | | |
| 11A | | 10/01/03 - 06/30/04 | | | | | | |
| 12 | Non-Medi-Cal Units | | 900 | 1,275 | | | | |
| 13 | Medi-Cal Costs | 07/01/03 - 09/30/03 | | | | | | |
| 13A | | 10/01/03 - 06/30/04 | | | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/03 - 09/30/03 | | | | | | |
| 14A | | 10/01/03 - 06/30/04 | | | | | | |
| 15 | Medi-Cal Published Charges | 07/01/03 - 09/30/03 | | | | | | |
| 15A | | 10/01/03 - 06/30/04 | | | | | | |
| 16 | Medi-Cal Negotiated Rates | 07/01/03 - 09/30/03 | | | | | | |
| 16A | | 10/01/03 - 06/30/04 | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/03 - 09/30/03 | | | | | | |
| 17A | | 10/01/03 - 06/30/04 | | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/03 - 09/30/03 | | | | | | |
| 18A | | 10/01/03 - 06/30/04 | | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/03 - 09/30/03 | | | | | | |
| 19A | | 10/01/03 - 06/30/04 | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/03 - 09/30/03 | | | | | | |
| 20A | | 10/01/03 - 06/30/04 | | | | | | |
| 21 | Enhanced SD/MC Costs | 07/01/03 - 09/30/03 | | | | | | |
| 21A | | 10/01/03 - 06/30/04 | | | | | | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/03 - 09/30/03 | | | | | | |
| 22A | | 10/01/03 - 06/30/04 | | | | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/03 - 09/30/03 | | | | | | |
| 23A | | 10/01/03 - 06/30/04 | | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/03 - 09/30/03 | | | | | | |
| 24A | | 10/01/03 - 06/30/04 | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/03 - 06/30/04 | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/03 - 06/30/04 | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/03 - 06/30/04 | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/03 - 06/30/04 | | | | | | |
| 29 | Healthy Families Costs | 07/01/03 - 09/30/03 | | | | | | |
| 29A | | 10/01/03 - 06/30/04 | | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/03 - 09/30/03 | | | | | | |
| 30A | | 10/01/03 - 06/30/04 | | | | | | |
| 31 | Healthy Families Published Charges | 07/01/03 - 09/30/03 | | | | | | |
| 31A | | 10/01/03 - 06/30/04 | | | | | | |
| 32 | Healthy Families Negotiated Rates | 07/01/03 - 09/30/03 | | | | | | |
| 32A | | 10/01/03 - 06/30/04 | | | | | | |
| 33 | Non-Medi-Cal Costs | | 4,050 | 1,500 | 2,550 | | | |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
County Code: 25

| | | A | CR B | CR C | CR D | CR E | F | G |
|----------------------------|-----------------------|------------|----------|----------|----------|----------|----------|----------|
| Legal Entity: MODOC COUNTY | | | Service | Service | Service | Service | Service | Service |
| Legal Entity Number: 00025 | | | Function | Function | Function | Function | Function | Function |
| Mode: 45 - Outreach | | Mode Total | 10 | 20 | 11 | 21 | | |
| 1 | Allocation Percentage | 100.00% | 22.82% | 49.64% | 13.83% | 13.71% | | |
| 2 | Total Units | | 12,960 | 18,600 | 7,380 | 6,780 | | |
| 3 | Gross Cost | 33,573 | 7,660 | 16,666 | 4,643 | 4,604 | | |
| 4 | Cost per Unit | | 0.59 | 0.90 | 0.63 | 0.68 | | |
| 5 | Non-Medi-Cal Units | | 12,960 | 18,600 | 7,380 | 6,780 | | |
| 6 | Non-Medi-Cal Costs | 33,573 | 7,660 | 16,666 | 4,643 | 4,604 | | |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

| County: MODOC COUNTY County Code: 25 Legal Entity: MODOC COUNTY Legal Entity Number: 00025 | | | REIMBURSEMENT TYPE | | | | PC | Costs | | | | Costs | |
|---|---|---------------------|---|---|---|--------------|--|----------------------|---------|------------------------|---|------------------------|--|
| | | | A | B | C | D | E | F | G | H | I | J | K |
| | | | Mode 55 S. F.'s 01-09 S. F.'s 11-19, 31-39 S. F.'s 21-29 | | | Total MAA | Total Inpatient Mode 05- Hospital | Mode 05-All Other | Mode 10 | Mode 15 Program (1) | Total Outpatient Exclude Program (2) | Mode 15 Program (2) | Total Outpatient (Col. I + Col. J) |
| 1 | Medi-Cal Costs | 07/01/03 - 09/30/03 | | | | | | | | 114,065 | 114,065 | | 114,065 |
| 1A | | 10/01/03 - 06/30/04 | | | | | | | | 325,761 | 325,761 | | 325,761 |
| 2 | Medi-Cal SMA | 07/01/03 - 09/30/03 | | | | | | | | 128,240 | 128,240 | | 128,240 |
| 2A | | 10/01/03 - 06/30/04 | | | | | | | | 366,289 | 366,289 | | 366,289 |
| 3 | Medi-Cal P. C. | 07/01/03 - 09/30/03 | | | | | | | | 115,473 | 115,473 | | 115,473 |
| 3A | | 10/01/03 - 06/30/04 | | | | | | | | 329,985 | 329,985 | | 329,985 |
| 4 | Medi-Cal N. R. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 4A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 5 | Medi-Cal Gross Reimbursement | 07/01/03 - 09/30/03 | | | | | | | | 114,065 | 114,065 | | 114,065 |
| 5A | | 10/01/03 - 06/30/04 | | | | | | | | 325,761 | 325,761 | | 325,761 |
| 6 | Medicare/Medi-Cal Crossover Cost | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 6A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 7 | Medicare/Medi-Cal Crossover SMA | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 7A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 8 | Medicare/Medi-Cal Crossover P. C. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 8A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 9 | Medicare/Medi-Cal Crossover N. R. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 9A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 10 | Medicare/Medi-Cal Crossover Gross Reim. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 10A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 11 | Total SD/MC + Crossover Gross Reim. | 07/01/03 - 09/30/03 | | | | | | | | 114,065 | 114,065 | | 114,065 |
| 11A | | 10/01/03 - 06/30/04 | | | | | | | | 325,761 | 325,761 | | 325,761 |
| 12 | Enhanced SD/MC (Children) Cost | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 12A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 13 | Enhanced SD/MC (Children) SMA | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 13A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 14 | Enhanced SD/MC (Children) P. C. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 14A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 15 | Enhanced SD/MC (Children) N. R. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 15A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 16 | Enhanced SD/MC (Children) Gross Reim. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 16A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 17 | Enhanced SD/MC (Refugees) Cost | 07/01/03 - 06/30/04 | | | | | | | | | | | |
| 18 | Enhanced SD/MC (Refugees) SMA | 07/01/03 - 06/30/04 | | | | | | | | | | | |
| 19 | Enhanced SD/MC (Refugees) P. C. | 07/01/03 - 06/30/04 | | | | | | | | | | | |
| 20 | Enhanced SD/MC (Refugees) N. R. | 07/01/03 - 06/30/04 | | | | | | | | | | | |
| 21 | Total Medi-Cal Gross Reimbursement | 07/01/03 - 09/30/03 | | | | | | | | 114,065 | 114,065 | | 114,065 |
| 21A | (Excludes Refugees) | 10/01/03 - 06/30/04 | | | | | | | | 325,761 | 325,761 | | 325,761 |
| 22 | Enhanced SD/MC (Refugees) Gross Reim. | 07/01/03 - 06/30/04 | | | | | | | | | | | |
| 23 | Healthy Families Cost | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 23A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 24 | Healthy Families SMA | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 24A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 25 | Healthy Families P. C. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 25A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 26 | Healthy Families N. R. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 26A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 27 | Healthy Families Gross Reim. | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 27A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 28 | Less: Patient and Other Payor Revenue | | | | | | | | | | | | |
| 28A | SD/MC + Crossover Revenue | 07/01/03 - 09/30/03 | | | | | | | | 538 | 538 | | 538 |
| 28A | | 10/01/03 - 06/30/04 | | | | | | | | 420 | 420 | | 420 |
| 29 | Enhanced SD/MC (Children) Revenue | | | | | | | | | | | | |
| 30 | Enhanced SD/MC (Refugees) Revenue | | | | | | | | | | | | |
| 31 | Healthy Families Revenue | | | | | | | | | | | | |
| 32 | Total Expenditures from MAA (Mode 55) | | | | | | | | | | | | |
| 33 | Medi-Cal Eligibility Factor (Average) | | | | | | | | | | | | |
| 34 | Revenue - MAA | | | | | | | | | | | | |
| 35 | Net Due - SD/MC for Direct Services | 07/01/03 - 09/30/03 | | | | | | | | 113,527 | 113,527 | | 113,527 |
| 35A | | 10/01/03 - 06/30/04 | | | | | | | | 325,341 | 325,341 | | 325,341 |
| 36 | Net Due - Enhanced SD/MC (Refugees) | | | | | | | | | | | | |
| 37 | Net Due - Healthy Families | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 37A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 38 | Amount Negotiated Rates Exceed Costs | | | | | | | | | | | | |
| 38A | SD/MC (Includes Children) | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 38A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |
| 39 | Enhanced SD/MC (Refugees) | | | | | | | | | | | | |
| 40 | Healthy Families | 07/01/03 - 09/30/03 | | | | | | | | | | | |
| 40A | | 10/01/03 - 06/30/04 | | | | | | | | | | | |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: MODOC COUNTY
County Code: 25

| Legal Entity: MODOC COUNTY | | A | B | C | D | E | F | G | H | I | J |
|---|---|--------------|--------------------|---------------------|---------|---------------|---------------|---------------|-------------------|---------------|--------------|
| Legal Entity Number: 00025 | | Total MAA | Total Inpatient | Total Outpatient | Total | 50.00% FFP | 54.35% FFP | 52.95% FFP | Variable % FFP | 75.00% FFP | Total FFP |
| SD/MC Administrative Reimbursement (County Only) | | | | | | | | | | | |
| 1 | County SD/MC Direct Service Gross Reimbursement | | | 439,827 | 439,827 | | | | | | |
| 2 | Contract Providers Medi-Cal Direct Service Gross Reimbursement | | 10,198 | | 10,198 | | | | | | |
| 3 | Total Medi-Cal Direct Service Gross Reimbursement | | | | 450,025 | | | | | | |
| 4 | Medi-Cal Administrative Reimbursement Limit | | | | 67,504 | | | | | | |
| 5 | Medi-Cal Administration | | | | 80,148 | | | | | | |
| 6 | Medi-Cal Administrative Reimbursement | | | | 67,504 | 33,752 | | | | | 33,752 |
| Healthy Families Administrative Reimbursement (County Only) | | | | | | | | | | | |
| 7 | County Healthy Families Direct Service Gross Reimbursement | | | | | | | | | | |
| 7A | Contract Providers Healthy Families Direct Service Gross Reim. | | | | | | | | | | |
| 7B | Total Healthy Families Direct Service Gross Reimbursement | | | | | | | | | | |
| 8 | Healthy Families Administrative Reimbursement Limit | | | | | | | | | | |
| 9 | Healthy Families Administration | | | | | | | | | | |
| 10 | Healthy Families Administrative Reimbursement | | | | | | | | | | |
| SD/MC Net Reimbursement for MAA | | | | | | | | | | | |
| 11 | Medi-Cal Admin. Activities Svc Functions 01 - 09 | | | | | | | | | | |
| 12 | Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 | | | | | | | | | | |
| 13 | Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) | | | | | | | | | | |
| 14 | Utilization Review-Skilled Prof. Med. Personnel (County Only) | | | | 20,444 | | | | | 15,333 | 15,333 |
| 15 | Other SD/MC Utilization Review (County Only) | | | | 46,286 | 23,143 | | | | | 23,143 |
| 16 | SD/MC Net Reimbursement for Direct Services 07/01/03 - 09/30/03 | | | 113,527 | 113,527 | | 61,702 | | | | 61,702 |
| 16A | SD/MC Net Reimbursement for Direct Services 10/01/03 - 06/30/04 | | | 325,341 | 325,341 | | | 172,268 | | | 172,268 |
| 17 | Enhanced SD/MC Net Reimb. (Children) 07/01/03 - 09/30/03 | | | | | | | | | | |
| 17A | Enhanced SD/MC Net Reimb. (Children) 10/01/03 - 06/30/04 | | | | | | | | | | |
| 18 | Enhanced SD/MC Net Reimb. (Refugees) | | | | | | | | | | |
| 19 | Total SD/MC Reimbursement Before Excess FFP | | | | | | | | | | 306,198 |
| 20 | Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC | | | | | | | | | | |
| 21 | Total SD/MC Reimbursement (FFP) | | | | | | | | | | 306,198 |
| 22 | Contract Limitation Adjustment | | | | | | | | | | |
| 23 | Adjusted Total SD/MC Reimbursement (FFP) | | | | | | | | | | 306,198 |
| 24 | Healthy Families Net Reimbursement 07/01/03 - 09/30/03 | | | | | | | | | | |
| 24A | Healthy Families Net Reimbursement 10/01/03 - 06/30/04 | | | | | | | | | | |
| 25 | Total Healthy Families Reimbursement Before Excess FFP | | | | | | | | | | |
| 26 | Amount Negotiated Rates Exceed Costs - Healthy Families | | | | | | | | | | |
| 27 | Total Healthy Families Reimbursement | | | | | | | | | | |